5736

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

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In re	n re Application of: Ilan Ben-Oren, et al.		
Appli	pplication No.		
	09/508,805 ed:		
Filed	March 16, 2000		
Title:			
	ISOTOPIC GAS ANALYZER		
Attori	ney Docket No. Ar	rt Unit:	
	22350/12	3736	
•	concerned. Furthermore, the practitioner is authorized application pursuant to 37 CFR 1.34:		
	Name	Registration Number	
	Sanford T. Colb	26,856	
does aband assig	is not a Power of Attorney to the above-named pract not have authority to sign a request to change the corredonment, a disclaimer, a power of attorney, or other doc nee of the entire interest or an attorney of record. If applying practitioner should be executed and filed in the Uniter	espondence address, a request for an express cument requiring the signature of the applicant, propriate, a separate Power of Attorney to the above-	
	SIGNATURE of Practi	tioner of Record	
Signa	Michael J. Bejer/smy	Date 9/6/05	
Name	Michael J. Berger	Registration No., if applicable 25,829	
Telepl	none 212_336_8060		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.